

Dear Continuing Education Sponsor:

Thank you for your interest in continuing education. The process of endorsing continuing educational events is intended to ensure that these events meet the requirements for recertification. Education specific to alcohol and drug prevention and treatment, general counseling, the administration and management of programs, and/or any topic relevant to the enhancement of the knowledge and skill of a certified/licensed professional will be approved for recertification.

Once endorsement is granted, you may advertise that your educational event is CBADP approved. Certified/licensed professionals look to CBADP approved events as their first choice in selecting education for recertification.

Educational/training events must be submitted and approved for every recertification cycle (every two years). All continuing educational events must be pre-approved or approved within 30 days of the event.

Procedures for Approval:

Complete and submit the 'Educational Provider Status Agreement' and the 'Request for Approval of Continuing Professional Training'. Provide copies of the brochure for the continuing educational or training event, to include: qualifications of all instructors; an outline of the event; the topics covered; the date(s) of the event; and, the time schedule (actual hours for sessions, breaks, lunches, etc.).

Once the event has been approved, you are responsible for providing a certificate of attendance, upon completion, to each attendee. The certificate must carry the attendee's name, the title of the educational event, the date(s), and the contact hours granted. It is also helpful to have the sponsoring agency's name on the certificate.

Attendees should only be granted the number of contact hours for which they attend. If they leave the training prior to the completion, or attend just one day of a two-day event, give only the hours for which they are entitled. Attendance sheets must be maintained by the sponsoring agency for three years from the date of the offering.

Thank you for seeking endorsement of your continuing educational events and for providing quality continuing education for alcohol, drug, and prevention professionals.

If you have any questions, please contact the CBADP Administrative Office at 605-332-2645 or by email at CBADP@midconetwork.com.

CERTIFICATION BOARD FOR ALCOHOL AND DRUG PROFESSIONALS

EDUCATIONAL PROVIDER STATUS AGREEMENT

Name of Agency/
Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Contact Person: _____

I/we agree to adhere to the guidelines of the Certification Board for Alcohol and Drug Professionals (CBADP) for submission of educational/training events to be considered for CBADP approval. Events must be submitted prior to the event or within 30 days of the date of the event. The CBADP reserves the right to request additional information for clarity of the program and/or the educational offering. The CBADP also reserves the right to audit the event.

Sponsors or organizations providing the training must agree to issue a certificate of attendance, or other evidence of attendance, to the participants and must keep an attendance record for three years from the date of the event.

Please submit this Agreement', the 'Request for Approval of Continuing Professional Training', the required documentation, and the \$25 processing fee.

Signature

Date

**CBADP
REQUEST FOR APPROVAL OF
CONTINUING PROFESSIONAL TRAINING**

Date Submitted: _____

Name of Training Event: _____

Is there a Registration Fee for this Training Event? No ☐ Yes ☐ Amount \$ _____

Sponsoring Agency: _____

Date of Activity: _____

Hours of Continuing Professional Training Requested: _____

Location of Activity (Site): _____

City: _____ State: _____

Instructor(s): _____

Qualifications of Instructor(s): (Sponsoring Agency attach Vitae): _____

Documentation of Training Event must be attached. (Include Brochures, Course Descriptions, Course Syllabus, Time Frames, Agenda, etc., to assist in evaluating the validity of the training.

Information of Person Submitting this Form:

Name: _____

I am attending this event: ☐ OR I am a sponsor representative: ☐

Mailing Address: _____

City _____ State: _____ Zip: _____

Work Phone #: _____ Fax #: _____

**COMPLETE THE ABOVE INFORMATION AND SUBMIT ORIGINAL AND ONE COPY OF THIS FORM,
ALONG WITH THE TRAINING DOCUMENTATION, TO:
CBADP, 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105**

APPROVAL: The CBADP Administrative Office will complete this section, and one copy of this form will be returned to you for your records.

THIS TRAINING EVENT HAS BEEN APPROVED FOR:

_____ Hours of Continuing Professional Training

Authorized Signature

Date

Reproduction of this form is encouraged.